



PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) PF375P1D1	
		In re Application of Ni et al.	
		Application Number 10/041,574-Conf. #7011	Filed January 10, 2002
		For Antibodies to Human Tumor Necrosis Factor Receptor TR9 (As Amended)	
Art Unit 1646		Examiner E. O'Hara	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ **330.00**

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **08-3425**. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

- applicant /inventor
- assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature

Lin J. Hymel
Typed or printed name

- attorney or agent of record.

Registration number **45,414**

(301) 251-6015

Telephone number

- attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

February 20, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of **1** forms are submitted.

02/24/2004 JADDO1 00000087 083425 10041574

01 FC:1401 330.00 DA



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

Complete if Known

Application Number	10/041,574-Conf. #7011
Filing Date	January 10, 2002
First Named Inventor	Jian Ni
Examiner Name	E. O'Hara
Art Unit	1646
Attorney Docket No.	PF375P1D1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number **08-3425**

Deposit Account Name **Human Genome Sciences, Inc.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)		SUBTOTAL (3) (\$ 330.00)	

*Reduced by Basic Filing Fee Paid

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-** =		
Independent Claims	-** =		
Multiple Dependent		=	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$ 330.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414	Telephone	(301) 251-6015
Signature	<i>Lin J. Hymel</i>			Date	February 20, 2004